

Study ID Number \_\_\_\_\_

## **Carolina Breast Cancer Study Phase 3**

Specialized Program of Research Excellence  
(SPORE) in Breast Cancer

UNC Lineberger Comprehensive Cancer Center

Schools of Public Health and Medicine

### QUESTIONNAIRE

Date of Interview: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Time started: \_\_\_\_ \_\_\_\_ : \_\_\_\_ \_\_\_\_ 1\_\_am / 2\_\_pm

Time ended: \_\_\_\_ \_\_\_\_ : \_\_\_\_ \_\_\_\_ 1\_\_am / 2\_\_pm

Interviewer Initials: \_\_\_\_ \_\_\_\_ \_\_\_\_

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**SECTION A: INTRODUCTORY STATEMENT**

Thank you for agreeing to be interviewed. The goal of this study is to collect information that may help us to better understand the causes of breast cancer. I will be asking you questions about a number of topics, including your family's history of cancer, your menstrual and pregnancy history, your medical history, and certain aspects of your daily life. Some of these questions ask you to think back to events that may have occurred many years ago. Although the answers may be hard to remember, please do the best you can. There are no right or wrong answers to any of these questions. You should just report what you have experienced in your life.

Before we start, I want to remind you that your participation in this study is voluntary, and all the information collected will be kept completely confidential. If we should come to any question that you do not want to answer, just let me know and we'll go on to the next question. Do you have any questions before we begin?

**SECTION B: BACKGROUND INFORMATION**

*I will start by asking for some background information about you and your family.*

**B1.** What is your date of birth?  /  /       
   Month      Day              Year              Calculate Age

**B2.** Where were you born?

\_\_\_\_\_  
 City    County (Parish, etc).  
 \_\_\_\_\_  
 State    Country

**B3.** Are you adopted?                      1 \_\_\_ Yes, does not know family history ----> **SKIP TO B8**  
   2 \_\_\_ Yes, but knows family history  
   3 \_\_\_ No  
   9 \_\_\_ NA

(If yes, PROBE: Do you know the cancer history for your biological family? If they do not know about the cancer history for their biological family, then skip to B8.)

SURVEY NO.

*It is important for us to learn as much as possible about any history of cancer in your family, especially cancer of the breast or ovary. For those relatives who have had cancer, we would like to know the type of cancer and when the cancer was diagnosed. We are interested in living and deceased members of your family, but only if they are full-blood relatives.*

**B4.** Let's start with your parents:

What is your [PARENT'S] first name?	Is your [PARENT] still living?	How old [is he/she now / was he/she when he/she died]?	Was he/she ever diagnosed with cancer?
<b>Father</b> _____  	1 ___ Yes 2 ___ No 9 ___ NA	_____ years	1 ___ Yes 2 ___ No 9 ___ NA ---> <b>SKIP TO MOTHER</b>
<b>Mother</b> _____  	1 ___ Yes 2 ___ No 9 ___ NA	_____ years	1 ___ Yes 2 ___ No 9 ___ NA ---> <b>SKIP TO B5</b>

What is the type of cancer(s) that your [PARENT] had?	How old was he/she when this cancer was diagnosed?
<b>Father</b> <hr/> <hr/> <hr/>	 ___ ___ years ___ ___ years ___ ___ years
<b>Mother</b> <hr/> <hr/> <hr/>	 ___ ___ years ___ ___ years ___ ___ years

**B5.** Now I would like to ask about your full brothers and sisters, that is, those with whom you share both birth mother and father. Please include brothers and sisters who are living or deceased, but do not include adopted, foster, half or step brothers or sisters.

How many full brothers do you have? \_\_\_ \_\_\_

How many full sisters do you have? \_\_\_ \_\_\_

**IF NO BROTHERS AND SISTERS, DON'T KNOW, OR REFUSED SKIP TO QUESTION B8.**

(If half-siblings are mentioned, they will be captured in later questions)

**B6.** Do you have a twin brother or sister?

- 1 \_\_\_ Yes ----->
- 2 \_\_\_ No
- 9 \_\_\_ NA

Are you and your twin identical or not identical?

- 1 \_\_\_ Identical
- 2 \_\_\_ Not identical (fraternal)
- 9 \_\_\_ NA

**B7.** Now, let's start with the oldest among your brothers and sisters, including yourself.

<b>Who is the oldest?/What is the first name of your next brother or sister?</b> (Complete this column first. List in birth order. Record only full siblings here.)	<b>What is [NAME'S] sex?</b>	<b>Is [NAME] still living?</b>	<b>How old [is [NAME] now/ was [NAME] when he/she died]?</b>
1. _____	1 ___ Male 2 ___ Female 9 ___ NA	1___Yes 2___No 3___Respondent 9___NA	___ ___ years
2. _____	1 ___ Male 2 ___ Female 9 ___ NA	1___Yes 2___No 3___Respondent 9___NA	___ ___ years
3. _____	1 ___ Male 2 ___ Female 9 ___ NA	1___Yes 2___No 3___Respondent 9___NA	___ ___ years
4. _____	1 ___ Male 2 ___ Female 9 ___ NA	1___Yes 2___No 3___Respondent 9___NA	___ ___ years
5. _____	1 ___ Male 2 ___ Female 9 ___ NA	1___Yes 2___No 3___Respondent 9___NA	___ ___ years
6. _____	1 ___ Male 2 ___ Female 9 ___ NA	1___Yes 2___No 3___Respondent 9___NA	___ ___ years
7. _____	1 ___ Male 2 ___ Female 9 ___ NA	1___Yes 2___No 3___Respondent 9___NA	___ ___ years
8. _____	1 ___ Male 2 ___ Female 9 ___ NA	1___Yes 2___No 3___Respondent 9___NA	___ ___ years
9. _____	1 ___ Male 2 ___ Female 9 ___ NA	1___Yes 2___No 3___Respondent 9___NA	___ ___ years
10. _____	1 ___ Male 2 ___ Female 9 ___ NA	1___Yes 2___No 3___Respondent 9___NA	___ ___ years

B7 cont.

Brother/ Sister	Has [NAME] ever been diagnosed with cancer?	What is the type of cancer(s) that [NAME] had?	How old was he/she when this cancer was diagnosed?
1 <sup>st</sup>	1__ Yes 2__ No   --> <b>Go to next sibling</b> 9__ NA	_____ _____ _____	____ years ____ years ____ years
2 <sup>nd</sup>	1__ Yes 2__ No   --> <b>Go to next sibling</b> 9__ NA	_____ _____ _____	____ years ____ years ____ years
3 <sup>rd</sup>	1__ Yes 2__ No   --> <b>Go to next sibling</b> 9__ NA	_____ _____ _____	____ years ____ years ____ years
4 <sup>th</sup>	1__ Yes 2__ No   --> <b>Go to next sibling</b> 9__ NA	_____ _____ _____	____ years ____ years ____ years
5 <sup>th</sup>	1__ Yes 2__ No   --> <b>Go to next sibling</b> 9__ NA	_____ _____ _____	____ years ____ years ____ years
6 <sup>th</sup>	1__ Yes 2__ No   --> <b>Go to next sibling</b> 9__ NA	_____ _____ _____	____ years ____ years ____ years
7 <sup>th</sup>	1__ Yes 2__ No   --> <b>Go to next sibling</b> 9__ NA	_____ _____ _____	____ years ____ years ____ years
8 <sup>th</sup>	1__ Yes 2__ No   --> <b>Go to next sibling</b> 9__ NA	_____ _____ _____	____ years ____ years ____ years
9 <sup>th</sup>	1__ Yes 2__ No   --> <b>Go to next sibling</b> 9__ NA	_____ _____ _____	____ years ____ years ____ years
10 <sup>th</sup>	1__ Yes 2__ No   --> <b>Go to next sibling</b> 9__ NA	_____ _____ _____	____ years ____ years ____ years

IF MORE THAN 10 SIBLINGS CHECK HERE \_\_\_\_\_ AND ADD ADDITIONAL PAGES.  
(Make sure total number of of siblings is consistent with answers in B5)

SURVEY NO.

Now, I would like to ask you about your children. Again, please include only your biological children, whether they are living or deceased, but not adopted, foster or step-children.

B8. How many children do you have? \_\_\_\_\_

**IF NO CHILDREN, DON'T KNOW, OR REFUSED, SKIP TO QUESTION B10.**

**B9.**

What is the first name of your [oldest / next] child? (Complete this column first. List by birth order. Record only biological children.)	What is [NAME'S] sex?	Is [NAME] still living?	How old [is [NAME] now/was [NAME] when he/she died]?
1. _____	1 ___ Male 2 ___ Female 9 ___ NA	1 ___ Yes 2 ___ No 9 ___ NA	____ years
2. _____	1 ___ Male 2 ___ Female 9 ___ NA	1 ___ Yes 2 ___ No 9 ___ NA	____ years
3. _____	1 ___ Male 2 ___ Female 9 ___ NA	1 ___ Yes 2 ___ No 9 ___ NA	____ years
4. _____	1 ___ Male 2 ___ Female 9 ___ NA	1 ___ Yes 2 ___ No 9 ___ NA	____ years
5. _____	1 ___ Male 2 ___ Female 9 ___ NA	1 ___ Yes 2 ___ No 9 ___ NA	____ years
6. _____	1 ___ Male 2 ___ Female 9 ___ NA	1 ___ Yes 2 ___ No 9 ___ NA	____ years
7. _____	1 ___ Male 2 ___ Female 9 ___ NA	1 ___ Yes 2 ___ No 9 ___ NA	____ years
8. _____	1 ___ Male 2 ___ Female 9 ___ NA	1 ___ Yes 2 ___ No 9 ___ NA	____ years
9. _____	1 ___ Male 2 ___ Female 9 ___ NA	1 ___ Yes 2 ___ No 9 ___ NA	____ years
10. _____	1 ___ Male 2 ___ Female 9 ___ NA	1 ___ Yes 2 ___ No 9 ___ NA	____ years



B9. cont.

Child	Has [NAME] ever been diagnosed with cancer?	What is the type of cancer(s) that [NAME] had?	How old was he/she when this cancer was diagnosed?
1 <sup>st</sup>	1__ Yes 2__ No    --> <i>Go to next child</i> 9__ NA	_____ _____ _____	____ years ____ years ____ years
2 <sup>nd</sup>	1__ Yes 2__ No    --> <i>Go to next child</i> 9__ NA	_____ _____ _____	____ years ____ years ____ years
3 <sup>rd</sup>	1__ Yes 2__ No    --> <i>Go to next child</i> 9__ NA	_____ _____ _____	____ years ____ years ____ years
4 <sup>th</sup>	1__ Yes 2__ No    --> <i>Go to next child</i> 9__ NA	_____ _____ _____	____ years ____ years ____ years
5 <sup>th</sup>	1__ Yes 2__ No    --> <i>Go to next child</i> 9__ NA	_____ _____ _____	____ years ____ years ____ years
6 <sup>th</sup>	1__ Yes 2__ No    --> <i>Go to next child</i> 9__ NA	_____ _____ _____	____ years ____ years ____ years
7 <sup>th</sup>	1__ Yes 2__ No    --> <i>Go to next child</i> 9__ NA	_____ _____ _____	____ years ____ years ____ years
8 <sup>th</sup>	1__ Yes 2__ No    --> <i>Go to next child</i> 9__ NA	_____ _____ _____	____ years ____ years ____ years
9 <sup>th</sup>	1__ Yes 2__ No    --> <i>Go to next child</i> 9__ NA	_____ _____ _____	____ years ____ years ____ years
10 <sup>th</sup>	1__ Yes 2__ No    --> <i>Go to next child</i> 9__ NA	_____ _____ _____	____ years ____ years ____ years

IF MORE THAN 10 OFFSPRING, CHECK HERE \_\_\_\_\_ AND ADD ADDITIONAL PAGES.  
(Make sure total number of children is consistent with answers in B8)

SURVEY NO.

Now we would like to find out about cancer of the breast or ovary that occurred in relatives besides your immediate family. (ASK ADOPTED WOMEN IF THEY KNOW INFORMATION. IF THEY DON'T, SKIP TO C1.)

**B10.** As far as you know, were any of these relatives diagnosed with breast cancer?

Mother's mother (maternal grandmother)? 1\_\_Yes 2\_\_No 9\_\_NA

Father's mother (paternal grandmother)? 1\_\_Yes 2\_\_No 9\_\_NA

Mother's sister(s) [maternal aunt(s)]? 1\_\_Yes 2\_\_No 3\_\_No maternal aunt(s) 9\_\_NA  
 ↳ How many with breast cancer? \_\_\_\_

Father's sister(s) [paternal aunt(s)]? 1\_\_Yes 2\_\_No 3\_\_No paternal aunt(s) 9\_\_NA  
 ↳ How many with breast cancer? \_\_\_\_

Your half-sister(s)? 1\_\_Yes 2\_\_No 3\_\_No half-sisters 9\_\_NA  
 ↳ How many with breast cancer? \_\_\_\_

Any male relative(s)? 1\_\_Yes 2\_\_No 3\_\_No male relatives 9\_\_NA  
 ↳ How many with breast cancer? \_\_\_\_

Other relative(s)? 1\_\_Yes 2\_\_No 3\_\_No other relatives 9\_\_NA  
 ↳ How many with breast cancer? \_\_\_\_

(If 99, SKIP TO B11)

How many on mother's side with breast cancer? \_\_\_\_

Please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many on father's side with breast cancer? \_\_\_\_

Please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Now I'll go through the same list of relatives for ovarian cancer diagnoses.

**B11.** As far as you know, were any of these relatives diagnosed with ovarian cancer?

Mother's mother (maternal grandmother)? 1\_\_Yes 2\_\_No 9\_\_NA

Father's mother (paternal grandmother)? 1\_\_Yes 2\_\_No 9\_\_NA

Mother's sister(s) [maternal aunt(s)]? 1\_\_Yes 2\_\_No 3\_\_No maternal aunt(s) 9\_\_NA  
 \_\_\_\_\_→ How many with ovarian cancer? \_\_\_\_

Father's sister(s) [paternal aunt(s)]? 1\_\_Yes 2\_\_No 3\_\_No paternal aunt(s) 9\_\_NA  
 \_\_\_\_\_→ How many with ovarian cancer? \_\_\_\_

Your half-sister(s)? 1\_\_Yes 2\_\_No 3\_\_No half-sister(s) 9\_\_NA  
 \_\_\_\_\_→ How many with ovarian cancer? \_\_\_\_

Other relative(s)? 1\_\_Yes 2\_\_No 3\_\_No other relatives 9\_\_NA  
 \_\_\_\_\_→ How many with ovarian cancer? \_\_\_\_

**(IF 99, SKIP TO SECTION C)**

How many on mother's side with ovarian cancer? \_\_\_\_

Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many on father's side with ovarian cancer? \_\_\_\_

Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C: MENSTRUAL AND PREGNANCY HISTORY**

Next, I would like to ask you several questions about your menstrual periods and pregnancies.

- C1.** How old were you when you had your first menstrual period? \_\_\_\_\_ Years of age  
(Use 98 for never menstruated and **SKIP TO C11.**)

- C2.** Are you still having menstrual periods?

1 \_\_\_ Yes ----->

2 \_\_\_ No -----> **GO TO C3**

9 \_\_\_ NA -----> **SKIP TO C11** if cannot sort  
out with probes

Are you taking female hormones other than birth  
control pills?

1 \_\_\_ Yes

2 \_\_\_ No ----->**SKIP TO C11**

9 \_\_\_ NA

Before you started taking female hormones, had your  
periods stopped?

1 \_\_\_ Yes ----->**SKIP TO C4**

2 \_\_\_ No ----->**SKIP TO C11**

9 \_\_\_ NA

- C3.** Are you currently or recently pregnant or are you breastfeeding? 1 \_\_\_ Yes -----> **SKIP TO C11**  
2 \_\_\_ No  
9 \_\_\_ NA

The next few questions ask about reasons why your periods stopped.

- C4.** Did your periods stop by themselves because of menopause (change of life)?

1 \_\_\_ Yes -----> What was the date of your last period? \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ ----> **SKIP TO C11**

2 \_\_\_ No Month Year

9 \_\_\_ NA

(Calculate age at last period and verify: "So you were \_\_\_ \_\_\_ years old when you stopped having periods?")

- C5.** Did your periods stop because of an operation (removal of uterus or ovaries)?

1 \_\_\_ Yes -----> What was the date of this operation? \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_

2 \_\_\_ No -----> **SKIP TO C9** Month Year

9 \_\_\_ NA

(Calculate age at last period and verify: "So you were \_\_\_ \_\_\_ years old when you stopped having periods?")

**C6.** Was your uterus (womb) removed?

- 1 \_\_\_ Yes
- 2 \_\_\_ No
- 9 \_\_\_ NA

**C7.** Were one or both ovaries removed?

- 1 \_\_\_ Yes, both ovaries -----> **SKIP TO C11**
- 2 \_\_\_ Yes, one ovary
- 3 \_\_\_ No
- 9 \_\_\_ NA

**C8.** Did you experience any menopausal symptoms or otherwise notice going through the change of life sometime after your surgery?

- 1 \_\_\_ Yes -----> What year did you notice these changes? \_\_\_ \_\_\_ \_\_\_ \_\_\_ -----> **SKIP TO C11**
- 2 \_\_\_ No | -----> **SKIP TO C11** Year
- 9 \_\_\_ NA |

**C9.** Did your periods stop because of chemotherapy or radiation treatment?

- 1 \_\_\_ Yes -----> What was the date of your last period? \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ --> **SKIP TO C11**
- 2 \_\_\_ No Month Year
- 9 \_\_\_ NA

(Calculate age at last period and verify: "So you were \_\_\_ \_\_\_ years old when you stopped having periods?")

**C10.** Did your periods stop for some other reason?

- 1 \_\_\_ Yes ----->
- 2 \_\_\_ No
- 9 \_\_\_ NA

Please describe: \_\_\_\_\_

\_\_\_\_\_

What was the date of your last period?

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

Month      Year

(Calculate age at last period and verify: "So you were \_\_\_ \_\_\_ years old when you stopped having periods?")

*In the next questions, I will ask you about any pregnancies you might have had, including live births, stillbirths, miscarriages, induced abortions, and tubal pregnancies.*

**C11.** During your lifetime, how many times have you been pregnant? (Be sure to count this pregnancy if you are currently pregnant.)

\_\_\_ \_\_\_ Pregnancies  
 (Use 00 for never pregnant-> **SKIP TO D1**)

**C12.** Now I would like to get some detailed information about each of your pregnancies.

	a. What was the outcome of your [first / next] pregnancy? (USE CARD)	b. [How many months did this pregnancy last / how far along is this pregnancy]?	c. In what month and year did this pregnancy end? (Use 98/9998 if currently pregnant.) (Calculate from child's present age, if necessary)	d. Did you breastfeed this baby?
01 First Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Terminated pregnancy (Stillbirth, spontaneous miscarriage, induced abortion) 4 ___ Tubal or ectopic pregnancy 5 ___ Other (specify:) _____ 9 ___ NA	_____ Months	_____/_____ Month  _____ Year  <b>If live birth, continue; if not, skip to h.</b>	1 ___ Yes 2 ___ No 9 ___ NA   ----> <b>GO TO h</b>
02 Second Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Terminated pregnancy (Stillbirth, spontaneous miscarriage, induced abortion) 4 ___ Tubal or ectopic pregnancy 5 ___ Other (specify:) _____ 9 ___ NA	_____ Months	_____/_____ Month  _____ Year  <b>If live birth, continue; if not, skip to h.</b>	1 ___ Yes 2 ___ No 9 ___ NA   ----> <b>GO TO h</b>
03 Third Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Terminated pregnancy (Stillbirth, spontaneous miscarriage, induced abortion) 4 ___ Tubal or ectopic pregnancy 5 ___ Other (specify:) _____ 9 ___ NA	_____ Months	_____/_____ Month  _____ Year  <b>If live birth, continue; if not, skip to h.</b>	1 ___ Yes 2 ___ No 9 ___ NA   ----> <b>GO TO h</b>
04 Fourth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Terminated pregnancy (Stillbirth, spontaneous miscarriage, induced abortion) 4 ___ Tubal or ectopic pregnancy 5 ___ Other (specify:) _____ 9 ___ NA	_____ Months	_____/_____ Month  _____ Year  <b>If live birth, continue; if not, skip to h.</b>	1 ___ Yes 2 ___ No 9 ___ NA   ----> <b>GO TO h</b>
05 Fifth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Terminated pregnancy (Stillbirth, spontaneous miscarriage, induced abortion) 4 ___ Tubal or ectopic pregnancy 5 ___ Other (specify:) _____ 9 ___ NA	_____ Months	_____/_____ Month  _____ Year  <b>If live birth, continue; if not, skip to h.</b>	1 ___ Yes 2 ___ No 9 ___ NA   ----> <b>GO TO h</b>

## C12. cont.

e. For how many months did you breastfeed?	f. When did you start breastfeeding this baby?	g. For how many months did your baby have nothing else to eat or drink except for your milk?	h. Were you given any medication to stop milk production?
___ ___ Months	1 ___ Within the first two hours after giving birth 2 ___ More than 2 hours after giving birth, but on the same day as giving birth 3 ___ After the first day of giving birth 9 ___ NA	___ ___ Months	1 ___ Yes 2 ___ No 9 ___ NA
___ ___ Months	1 ___ Within the first two hours after giving birth 2 ___ More than 2 hours after giving birth, but on the same day as giving birth 3 ___ After the first day of giving birth 9 ___ NA	___ ___ Months	1 ___ Yes 2 ___ No 9 ___ NA
___ ___ Months	1 ___ Within the first two hours after giving birth 2 ___ More than 2 hours after giving birth, but on the same day as giving birth 3 ___ After the first day of giving birth 9 ___ NA	___ ___ Months	1 ___ Yes 2 ___ No 9 ___ NA
___ ___ Months	1 ___ Within the first two hours after giving birth 2 ___ More than 2 hours after giving birth, but on the same day as giving birth 3 ___ After the first day of giving birth 9 ___ NA	___ ___ Months	1 ___ Yes 2 ___ No 9 ___ NA
___ ___ Months	1 ___ Within the first two hours after giving birth 2 ___ More than 2 hours after giving birth, but on the same day as giving birth 3 ___ After the first day of giving birth 9 ___ NA	___ ___ Months	1 ___ Yes 2 ___ No 9 ___ NA

## C12, cont.

	a. What was the outcome of your [first / next] pregnancy? (USE CARD)	b. [How many months did this pregnancy last / how far along is this pregnancy]?	c. In what month and year did this pregnancy end? (Use 98/9998 if currently pregnant.) (Calculate from child's present age, if necessary)	d. Did you breastfeed this baby?
06 Sixth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Terminated pregnancy (Stillbirth, spontaneous miscarriage, induced abortion) 4 ___ Tubal or ectopic pregnancy 5 ___ Other (specify:) _____ 9 ___ NA	_____ Months	_____/_____ Month  _____ Year  <b>If live birth, continue; if not, skip to h.</b>	1 ___ Yes 2 ___ No 9 ___ NA   ----> <b>GO TO h</b>
07 Seventh Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Terminated pregnancy (Stillbirth, spontaneous miscarriage, induced abortion) 4 ___ Tubal or ectopic pregnancy 5 ___ Other (specify:) _____ 9 ___ NA	_____ Months	_____/_____ Month  _____ Year  <b>If live birth, continue; if not, skip to h.</b>	1 ___ Yes 2 ___ No 9 ___ NA   ----> <b>GO TO h</b>
08 Eighth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Terminated pregnancy (Stillbirth, spontaneous miscarriage, induced abortion) 4 ___ Tubal or ectopic pregnancy 5 ___ Other (specify:) _____ 9 ___ NA	_____ Months	_____/_____ Month  _____ Year  <b>If live birth, continue; if not, skip to h.</b>	1 ___ Yes 2 ___ No 9 ___ NA   ----> <b>GO TO h</b>
09 Ninth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Terminated pregnancy (Stillbirth, spontaneous miscarriage, induced abortion) 4 ___ Tubal or ectopic pregnancy 5 ___ Other (specify:) _____ 9 ___ NA	_____ Months	_____/_____ Month  _____ Year  <b>If live birth, continue; if not, skip to h.</b>	1 ___ Yes 2 ___ No 9 ___ NA   ----> <b>GO TO h</b>
10 Tenth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Terminated pregnancy (Stillbirth, spontaneous miscarriage, induced abortion) 4 ___ Tubal or ectopic pregnancy 5 ___ Other (specify:) _____ 9 ___ NA	_____ Months	_____/_____ Month  _____ Year  <b>If live birth, continue; if not, skip to h.</b>	1 ___ Yes 2 ___ No 9 ___ NA   ----> <b>GO TO h</b>



## C12. cont.

e. For how many months did you breastfeed?	f. When did you start breastfeeding this baby?	g. For how many months did your baby have nothing else to eat or drink except for your milk?	h. Were you given any medication to stop milk production?
____ Months	1 ____ Within the first two hours after giving birth 2 ____ More than 2 hours after giving birth, but on the same day as giving birth 3 ____ After the first day of giving birth 9 ____ NA	____ Months	1 ____ Yes 2 ____ No 9 ____ NA
____ Months	1 ____ Within the first two hours after giving birth 2 ____ More than 2 hours after giving birth, but on the same day as giving birth 3 ____ After the first day of giving birth 9 ____ NA	____ Months	1 ____ Yes 2 ____ No 9 ____ NA
____ Months	1 ____ Within the first two hours after giving birth 2 ____ More than 2 hours after giving birth, but on the same day as giving birth 3 ____ After the first day of giving birth 9 ____ NA	____ Months	1 ____ Yes 2 ____ No 9 ____ NA
____ Months	1 ____ Within the first two hours after giving birth 2 ____ More than 2 hours after giving birth, but on the same day as giving birth 3 ____ After the first day of giving birth 9 ____ NA	____ Months	1 ____ Yes 2 ____ No 9 ____ NA
____ Months	1 ____ Within the first two hours after giving birth 2 ____ More than 2 hours after giving birth, but on the same day as giving birth 3 ____ After the first day of giving birth 9 ____ NA	____ Months	1 ____ Yes 2 ____ No 9 ____ NA

IF MORE THAN 10 PREGNANCIES, CHECK HERE \_\_\_\_ AND ADD ADDITIONAL PAGES.

**IF NO LIVE BIRTHS OR DID NOT RAISE CHILDREN, SKIP TO D1.**

**C13.** For any of your children, were there ever times that you wanted to breastfeed your child, but you did not?

1 \_\_\_ Yes

2 \_\_\_ No | -----> **SKIP TO D1**

9 \_\_\_ NA |

**C14.** The times that you wanted to breastfeed but you did not, what were the reasons that you did not breastfeed? (USE CARD: Check all that apply)

a \_\_\_\_\_ You were unable to breastfeed

b \_\_\_\_\_ You were too tired to breastfeed

c \_\_\_\_\_ You had health problems that prevented you from breastfeeding

d \_\_\_\_\_ You did not have time to breastfeed

e \_\_\_\_\_ There was no place for you to breastfeed at home

f \_\_\_\_\_ There was no place for you to breastfeed at work

g \_\_\_\_\_ Friends, family members or partner encouraged you not to breastfeed

h \_\_\_\_\_ You heard it was unsafe to breastfeed

i \_\_\_\_\_ You did not want to breastfeed in public

j \_\_\_\_\_ You were afraid breastfeeding would change the appearance of your breasts

k \_\_\_\_\_ Other, please specify \_\_\_\_\_

l \_\_\_\_\_ NA

**SECTION D: MEDICAL HISTORY**

*In this section, I will ask you about your personal medical history.*

**D1.** Have you ever been told by a doctor that you have any of the following?

		How old were you when you were first diagnosed?
<b>a.</b> Diabetes (also called sugar diabetes or diabetes mellitus)? Specify type: _____	1 ___ Yes-----> 2 ___ No   ---> <b>GO TO b</b> 9 ___ NA	___ ___ Years
<b>b.</b> Problem with your ovaries? Specify: _____ _____	1 ___ Yes-----> 2 ___ No   ---> <b>GO TO c</b> 9 ___ NA	___ ___ Years
<b>c.</b> Problem with your thyroid? Specify: _____ _____	1 ___ Yes-----> 2 ___ No   ---> <b>GO TO d</b> 9 ___ NA	___ ___ Years
<b>d.</b> Problem with your blood pressure? Specify: _____ _____	1 ___ Yes-----> 2 ___ No   ---> <b>GO TO e</b> 9 ___ NA	___ ___ Years
<b>e.</b> Any other serious problems with your health besides cancer? Specify: _____ _____	1 ___ Yes-----> 2 ___ No   ---> <b>GO TO D2</b> 9 ___ NA	___ ___ Years

**D2.** Have you ever been told by a doctor that you had cancer in a place other than your breasts?

- 1 \_\_\_ Yes
- 2 \_\_\_ No | -----> **SKIP TO D4**
- 9 \_\_\_ NA

<b>D3.</b>	<b>a.</b> What type of cancer did you have?	<b>b.</b> How old were you when this cancer was diagnosed ?
First Diagnosis	_____ _____	___ ___ Age (Enter 99 if don't know)
Second Diagnosis	_____ _____	___ ___ Age (Enter 99 if don't know)
Third Diagnosis	_____ _____	___ ___ Age (Enter 99 if don't know)
Fourth Diagnosis	_____ _____	___ ___ Age (Enter 99 if don't know)

The next several questions ask about conditions involving your breasts.

**D4.** Now I am going to ask you some questions about your diagnosis of breast cancer.

(Read the following, as well: "We want to know how your breast condition was first detected. This is different from how it was diagnosed. I'd like you to tell me how you first found out that something was not right about your breast.")

Probe: Ask if she went to the doctor for a specific breast problem or if the doctor found something out of the blue.)

<p><b>a. How was your breast cancer first detected?</b></p> <p>1 ___ You found a lump.</p> <p>2 ___ Your spouse or partner found a lump.</p> <p>3 ___ A routine mammogram showed something suspicious.</p> <p>4 ___ Doctor or nurse found a lump.</p> <p>5 ___ Ultrasound exam</p> <p>6 ___ Other, specify: _____</p> <p>9 ___ NA</p>	<p><b>b. What was the date?</b></p> <p>____ / ____</p> <p>Month      Year</p>
---	---

**D5.** At the time of your diagnosis of breast cancer, did you have any of the following symptoms?

- |                                    |           |          |          |
|------------------------------------|-----------|----------|----------|
| Pain or discomfort in your breast? | 1 ___ Yes | 2 ___ No | 9 ___ NA |
| Discharge from the nipple?         | 1 ___ Yes | 2 ___ No | 9 ___ NA |
| Change in the skin of the breast?  | 1 ___ Yes | 2 ___ No | 9 ___ NA |
| Any other symptoms?                | 1 ___ Yes | 2 ___ No | 9 ___ NA |

↳ Specify: \_\_\_\_\_

Now I am going to ask you about other breast conditions that you may have had in the past.

**D6.** Have you ever been told by a doctor that you had a breast condition or breast disease that was not breast cancer?

- 1 \_\_\_ Yes
- 2 \_\_\_ No | -----> **SKIP TO D8**
- 9 \_\_\_ NA

<b>D7.</b>	<b>a.</b> What were you told that you had?	<b>b.</b> Was this condition in your right, left or both breasts ?	<b>c.</b> How old were you when this diagnosis was made ?
First Diagnosis	_____  _____	1 ___ Right 2 ___ Left 3 ___ Both 9 ___ NA	___ ___ Age (Enter 99 if NA)
Second Diagnosis	_____  _____	1 ___ Right 2 ___ Left 3 ___ Both 9 ___ NA	___ ___ Age (Enter 99 if NA)
Third Diagnosis	_____  _____	1 ___ Right 2 ___ Left 3 ___ Both 9 ___ NA	___ ___ Age (Enter 99 if NA)
Fourth Diagnosis	_____  _____	1 ___ Right 2 ___ Left 3 ___ Both 9 ___ NA	___ ___ Age (Enter 99 if NA)

**Mammography and level of health care**

The next few questions are about mammograms. As you probably know, a mammogram is an X-ray of the breast that is taken by a machine that presses against the breast while the picture is being taken.

**D8.** Have you ever had a mammogram?

- 1 \_\_\_ Yes  
 2 \_\_\_ No | -----> **SKIP TO D12**  
 9 \_\_\_ NA

**D9.** How old were you when you had your first mammogram?

\_\_\_ \_\_\_ Age (enter 99 if don't know)

Now I will be asking about the mammograms you had at different ages.

<b>D10.</b>	<b>Before Age 40</b>	<b>Between 40 and 50</b>	<b>Age 50 or older</b>
How many mammograms did you have?	___ ___ (Enter 00 for no mammograms in this age period.)	___ ___ (Enter 00 for no mammograms in this age period. Enter 98 for not that old yet.)	___ ___ (Enter 00 for no mammograms in this age period. Enter 98 for not that old yet.)

Now I would like to ask you about your most recent mammograms.

**D11.** In the past TWO years, how many mammograms have you had? \_\_\_ \_\_\_ (Number)

**D12.** During the TWO years prior to your diagnosis of breast cancer, how many times did you visit a physician for any reason?

- 1 \_\_\_ Never  
 2 \_\_\_ Once  
 3 \_\_\_ Twice  
 4 \_\_\_ Three or more times  
 9 \_\_\_ NA

**D13.** During the TWO years prior to your diagnosis of breast cancer, how many times did a physician or other health care professional conduct a breast exam on you ?

- 1 \_\_\_ Never  
 2 \_\_\_ Once  
 3 \_\_\_ Twice  
 4 \_\_\_ Three or more times  
 9 \_\_\_ NA

**D14.** During the TWO years prior to your diagnosis of breast cancer, did you do a breast exam on yourself?  
By this we mean, did you feel your own breasts to look for lumps or other changes?

- 1 \_\_\_ Yes ----->
- 2 \_\_\_ No
- 9 \_\_\_ NA

How often did you conduct a breast exam on yourself?
1 ___ Less than once a year
2 ___ About once or twice a year
3 ___ Every 2 to 3 months
4 ___ About once a month
5 ___ More often than once a month
9 ___ NA



**Radiation Exposure**

*These next questions are about x-rays you may have had other than mammograms.*

*Please do not include x-ray procedures that were done as part of your diagnosis or follow-up of breast cancer.*

(PROBE: Very important! Double-check that the reported exposure (especially chest x-rays) had nothing to do with her breast cancer).

**D15.** Have you ever had a chest x-ray other than a mammogram?

1 \_\_\_ Yes

2 \_\_\_ No

9 \_\_\_ NA

----> **SKIP TO D20**

**D16.** How old were you when you first had a chest x-ray? (Read choices)

1 \_\_\_ younger than 10 years old

2 \_\_\_ 10 - 14 years old

3 \_\_\_ 15 - 19 years old

4 \_\_\_ 20 - 29 years old

5 \_\_\_ 30 - 39 years old

6 \_\_\_ 40 - 49 years old

7 \_\_\_ 50 years or older

9 \_\_\_ NA

**D17.** How old were you when you last had a chest x-ray? (Read choices)

1 \_\_\_ younger than 10 years old

2 \_\_\_ 10 - 14 years old

3 \_\_\_ 15 - 19 years old

4 \_\_\_ 20 - 29 years old

5 \_\_\_ 30 - 39 years old

6 \_\_\_ 40 - 49 years old

7 \_\_\_ 50 years or older

9 \_\_\_ NA

**D18.** Before your diagnosis of breast cancer, how many times in your life have you had a chest x-ray?

1 \_\_\_ 1 - 5

2 \_\_\_ 6 - 10

3 \_\_\_ 11 - 30

4 \_\_\_ > 30

9 \_\_\_ NA

**D19.** Why did you have these chest x-rays? (Check all that apply)

- a \_\_\_\_\_ Routine physical examination
- b \_\_\_\_\_ Requirement for school / employment / insurance / travel / adoption or foster care, etc.
- c \_\_\_\_\_ Diagnosis, evaluation or follow-up of health problems or conditions
- d \_\_\_\_\_ Other, please specify \_\_\_\_\_
- e \_\_\_\_\_ NA

**D20.** Have you ever had a coronary angiogram, angioplasty, arteriogram, or cardiac catheterization? These are special x-ray procedures performed to look at your heart, or the blood vessels of your heart.

- 1 \_\_\_ Yes  
 2 \_\_\_ No  
 9 \_\_\_ NA
- > **SKIP TO D24**

Probe: Do not include procedures related to chemotherapy or treatment for breast cancer.

**D21.** How old were you the first time this procedure was performed? \_\_\_ \_\_\_ Years  
 (99 if don't know)

**D22.** How old were you the last time this procedure was performed? \_\_\_ \_\_\_ Years  
 (99 if don't know)

**D23.** How many times in your life was this procedure performed? \_\_\_ \_\_\_ (Number)

**D24.** Have you ever had x-rays taken of your back, neck or spine? This includes plain x-rays, myelograms, and radiopaque dye injection.

- 1 \_\_\_ Yes  
 2 \_\_\_ No  
 9 \_\_\_ NA
- > **SKIP TO D28**

(Probe: Make sure these did not occur as a result of breast cancer diagnosis or treatment.)

**D25.** How old were you the first time this procedure was performed? \_\_\_ \_\_\_ Years  
 (99 if don't know)

**D26.** How old were you the last time this procedure was performed? \_\_\_ \_\_\_ Years  
 (99 if don't know)

**D27.** How many times in your life was this procedure performed? \_\_\_ \_\_\_ (Number)

- D28.** Have you ever had a CAT scan, also known as a CT scan? This is a procedure where you are placed in a large machine and many different X-rays are taken of part of your body or your whole body.
- (Probe: Make sure these did not occur as a result of breast cancer diagnosis or treatment.)
- 1 \_\_\_ Yes  
2 \_\_\_ No  
9 \_\_\_ NA
- > **SKIP TO D33**
- D29.** How old were you the first time this procedure was performed? \_\_\_ \_\_\_ Years  
(99 if don't know)
- D30.** How old were you the last time this procedure was performed? \_\_\_ \_\_\_ Years  
(99 if don't know)
- D31.** How many times in your life was this procedure performed? \_\_\_ \_\_\_ (Number)
- D32.** What part(s) of your body was (were) checked? (Check all that apply)
- a \_\_\_ Whole body  
b \_\_\_ Head  
c \_\_\_ Chest  
d \_\_\_ Abdomen  
e \_\_\_ Pelvis  
f \_\_\_ Other (specify):  
\_\_\_\_\_  
g \_\_\_ NA

Now I would like to ask you about radiation treatments you may have had. These might have been called cobalt, radium, radio-isotopes, or x-ray therapy. I am interested in radiation treatments before your current diagnosis of breast cancer.

**D33.** Have you ever had radiation to treat or monitor any condition? This includes cancer treatments other than breast cancer, mastitis or other breast diseases that were not breast cancer, chest fluoroscopy for TB, pulmonary arteriograms and venograms, or radiation for thyroid, skin, or other conditions.

- 1 \_\_\_ Yes
- 2 \_\_\_ No | -----> **SKIP TO Section E**
- 9 \_\_\_ NA

<b>D34.</b> For what disease were you treated or monitored with radiation ?	What body part was treated?	What was your age at first treatment?	What was your age at last treatment?
a. First disease _____ _____	_____ _____	____ ____ Years (99 if don't know)	____ ____ Years (99 if don't know) (98 if ongoing)
b. Second disease _____ _____	_____ _____	____ ____ Years (99 if don't know)	____ ____ Years (99 if don't know) (98 if ongoing)
c. Third disease _____ _____	_____ _____	____ ____ Years (99 if don't know)	____ ____ Years (99 if don't know) (98 if ongoing)

**SECTION E - MEDICATION USE/HORMONES**

*In this part of the questionnaire, I will be asking about medications that you may have taken. The first questions will be about hormones.*

**Oral Contraceptives**

- E1.** Have you ever taken birth control pills for birth control or for any other reason?
- 1 \_\_\_ Yes  
2 \_\_\_ No | ----> **SKIP TO E6**  
9 \_\_\_ NA
- E2.** How old were you when you first took birth control pills? \_\_\_ \_\_\_ Years
- E3.** How old were you when you last took birth control pills? \_\_\_ \_\_\_ Years  
(Enter 98 if still taking.)
- E4.** Keeping in mind that you may have started and stopped several times, for how many months or years [did you take/have you taken] birth control pills overall?
- \_\_\_ \_\_\_ Years  
\_\_\_ \_\_\_ Months
- E5.** Before your first full-term pregnancy, for how many months or years did you take birth control pills?
- \_\_\_ \_\_\_ Years  
\_\_\_ \_\_\_ Months  
(Enter 98 if never had full-term pregnancy.)
- E6.** Have you ever used birth control patches? These are medications such as Ortho Evra that are put onto the skin of your arm, shoulder or somewhere else to deliver medication to stop you from getting pregnant.
- 1 \_\_\_ Yes  
2 \_\_\_ No | ----> **SKIP TO E11**  
9 \_\_\_ NA
- E7.** How old were you when you first used a birth control patch? \_\_\_ \_\_\_ Years
- E8.** How old were you when you last used a birth control patch? \_\_\_ \_\_\_ Years  
(Enter 98 if still taking.)
- E9.** Keeping in mind that you may have started and stopped several times, for how many months or years [did you use/have you used] birth control patches?
- \_\_\_ \_\_\_ Years  
\_\_\_ \_\_\_ Months
- E10.** What type of birth control patch did you use?  
[USE PHOTO CARD]
- \_\_\_\_\_
- \_\_\_ \_\_\_ \_\_\_

- E11.** Have you ever had injections or implants for birth control? These are medications in which a doctor gives you shots of hormones or puts long-acting hormones under your skin to stop you from getting pregnant. For example, DepoProvera.
- 1 \_\_\_ Yes  
 2 \_\_\_ No | ----> **SKIP TO E16**  
 9 \_\_\_ NA |
- E12.** How old were you when you first had hormone injections or implants?  
 \_\_\_ \_\_\_ Years
- E13.** How old were you when you last had hormone injections or implants?  
 \_\_\_ \_\_\_ Years  
 (Enter 98 if still taking.)
- E14.** Keeping in mind that you may have started and stopped several times, for how many months or years did you have hormone injections or implants?  
 \_\_\_ \_\_\_ Years  
 \_\_\_ \_\_\_ Months
- E15.** What type of hormone injections or implants did you have?  
 \_\_\_\_\_  
 \_\_\_\_\_
- E16.** Have you ever used Nuva Ring? This is a device containing hormones that you place in your vagina and change every month to keep you from getting pregnant.
- 1 \_\_\_ Yes  
 2 \_\_\_ No | ----> **SKIP TO E20**  
 9 \_\_\_ NA |
- E17.** How old were you when you first used Nuva Ring?  
 \_\_\_ \_\_\_ Years
- E18.** How old were you when you last used Nuva Ring?  
 \_\_\_ \_\_\_ Years  
 (Enter 98 if still taking.)
- E19.** Keeping in mind that you may have started and stopped several times, for how many months or years did you use Nuva Ring?  
 \_\_\_ \_\_\_ Years  
 \_\_\_ \_\_\_ Months

**Hormone Therapy**

Now I am going to ask about hormones that you may have taken for reasons other than birth control.

The first hormones are sometimes used to treat or to prevent breast cancer.

<b>E20. [USE PHOTO CARD]</b>	What was your age at first use?	What was your age at last use?	Overall, how many months or years did you take [HORMONE]?
<b>a. Have you ever taken Tamoxifen (also known as Nolvadex®)?</b> 1 ___ Yes 2 ___ No   ---> <b>Go to b</b> 9 ___ NA	_____ Years	_____ Years	_____ Years _____ Months
<b>b. Have you ever taken Raloxifene (also known as Evista®)?</b> 1 ___ Yes 2 ___ No   ---> <b>Go to c</b> 9 ___ NA	_____ Years	_____ Years	_____ Years _____ Months
<b>c. Have you ever taken Arimidex?</b> 1 ___ Yes 2 ___ No   ---> <b>Go to d</b> 9 ___ NA	_____ Years	_____ Years	_____ Years _____ Months
<b>d. Have you ever taken Aromasin?</b> 1 ___ Yes 2 ___ No   ---> <b>Go to e</b> 9 ___ NA	_____ Years	_____ Years	_____ Years _____ Months
<b>e. Have you ever taken Femara (also known as Letrozole)?</b> 1 ___ Yes 2 ___ No   ---> <b>Go to E21</b> 9 ___ NA	_____ Years	_____ Years	_____ Years _____ Months

Sometimes women take female hormones, such as estrogen, at menopause (the change of life) for hormone replacement therapy. Women also take hormones after surgery, or at other times. We are interested in any hormone pills that you took, as well as skin patches that you may have used, but not hormones that you took for birth control or as part of your treatment for breast cancer.

**E21.** Have you ever used estrogens, progestins, or other female hormones (other than for birth control or for breast cancer)?

1 \_\_\_ Yes  
 2 \_\_\_ No | --->**SKIP TO E23**  
 9 \_\_\_ NA

Now I would like to get some more detailed information about how and when you took these hormones.

E22. [USE PHOTO CARD.]	What dose of [HORMONE] did you take/use?	What was your age at first use?	What was your age at last use?	Overall, for how many months or years did you take/use [HORMONE]?	How did you take/use [HORMONE]?
<p><b>a.</b> Have you ever taken a combination estrogen / progesterone pill such as Prempro, Premphase or FemHRT? [SHOW CARD: COMBINATION PILLS] 1 ___ Yes; Specify: _____ 2 ___ No ---&gt; <b>Go to b</b> 9 ___ NA</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>____ _ Years ____ _ Months</p>	<p>1___ Every day 2___ ≥21 days/mo 3___ &lt;21 days/mo 9___ NA</p>
<p><b>b.</b> Have you ever taken Premarin or some other estrogen pill? [SHOW CARD: ESTROGENS] 1 ___ Yes; Specify: _____ 2 ___ No ---&gt; <b>Go to d</b> 9 ___ NA</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>____ _ Years ____ _ Months</p>	<p>1___ Every day 2___ ≥21 days/mo 3___ &lt;21 days/mo 9___ NA</p>
<p><b>c.</b> Have you ever taken Progestin or some other progesterone pill along with the estrogen? [SHOW CARD: PROGESTERONES] 1 ___ Yes; Specify: _____ 2 ___ No ---&gt; <b>Go to d</b> 9 ___ NA</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>____ _ Years ____ _ Months</p>	<p>1___ Every day 2___ ≥14 days/mo 3___ 10-13 days/mo 4___ &lt;10 days/mo 9___ NA</p>
<p><b>d.</b> Have you ever used estrogen patches? [SHOW CARD: ESTROGEN PATCHES] 1 ___ Yes, Specify: _____ 2 ___ No ---&gt; <b>Go to f</b> 9 ___ NA</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>____ _ Years ____ _ Months</p>	<p>1___ Every day 2___ ≥21 days/mo 3___ &lt;21 days/mo 9___ NA</p>
<p><b>e.</b> Did you ever take progestin when you were using estrogen patches? [SHOW CARD: PROGESTERONES] 1 ___ Yes; Specify: _____ 2 ___ No ---&gt; <b>Go to f</b> 9 ___ NA</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>____ _ Years ____ _ Months</p>	<p>1___ Every day 2___ ≥14 days/mo 3___ 10-13 days/mo 4___ &lt;10 days/mo 9___ NA</p>
<p><b>f.</b> Have you ever taken Progestin alone? [SHOW CARD: PROGESTERONES] 1 ___ Yes; Specify: _____ 2 ___ No ---&gt; <b>Go to g</b> 9 ___ NA</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>____ _ Years ____ _ Months</p>	<p>1___ Every day 2___ ≥14 days/mo 3___ 10-13 days/mo 4___ &lt;10 days/mo 9___ NA</p>
<p><b>g.</b> Have you ever used any other hormones? 1 ___ Yes, specify if known _____ 2 ___ No --&gt; <b>Go to E23</b> 9 ___ NA</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>_____ _____ _____</p>	<p>____ _ Years ____ _ Months</p>	<p>1___ Every day 2___ ≥14 days/mo 3___ 10-13 days/mo 4___ &lt;10 days/mo 9___ NA</p>

IF MORE THAN ONE TABLE NEEDED, CHECK HERE \_\_\_\_ AND ADD ADDITIONAL PAGES.



**Anthropometry**

*Now I am going to ask you some questions about your height and weight at various times in your life.*

**E23.** What has been your usual adult height (since age 20 without shoes on)?     \_\_\_ Feet \_\_\_ \_\_\_ Inches

**E24.** One year prior to your diagnosis of breast cancer, how much did you weigh?     \_\_\_ \_\_\_ \_\_\_ Pounds  
(If was pregnant, query weight just prior to pregnancy.)

**E25.** Have you lost or gained weight within the past year?  
 1 \_\_\_ Yes  
 2 \_\_\_ No     |-->**SKIP to E28**  
 9 \_\_\_ NA

**E26.** Over the past year, how much total weight did you gain?     \_\_\_ \_\_\_ \_\_\_ pounds  
(enter 999 for NA)

**E27.** Over the past year, how much total weight did you lose?     \_\_\_ \_\_\_ \_\_\_ pounds  
(enter 999 for NA)

**E28.** What has been your lowest weight as an adult (since age 18)?     \_\_\_ \_\_\_ \_\_\_ pounds  
(enter 999 for NA)

**E29.** What has been your highest weight as an adult (since age 18 and excluding when you were pregnant)?  
 \_\_\_ \_\_\_ \_\_\_ pounds  
(enter 999 for NA)

**E30.** Now when you were [AGE], how much did you weigh? (Use 998 if not that old yet.)

55 years old	35 years old	18 years old
___ ___ ___ pounds	___ ___ ___ pounds	___ ___ ___ pounds

**E31.** Excluding times when you were pregnant, how would you describe your weight during the past ten years?  
[SHOW CARD]

- 1 \_\_\_ Your weight has been about the same, plus or minus 10 pounds.
- 2 \_\_\_ Your weight has increased more than 10 pounds.
- 3 \_\_\_ Your weight has decreased more than 10 pounds.
- 4 \_\_\_ Your weight goes up and down, and you have gained more than 10 pounds and also lost more than 10 pounds.
- 9 \_\_\_ NA

**E32.** Thinking back to the 5th grade, or when you were about 10 years old, how did your weight compare to other girls your age and height?  
Were you: [READ OPTIONS]

- 1 \_\_\_ Thinner?
- 2 \_\_\_ About the same?
- 3 \_\_\_ Heavier?
- 9 \_\_\_ NA

**E33.** Again, thinking back to the 5th grade, or when you were about 10 years old, how did your height compare to other girls your age?  
Were you: [READ OPTIONS]

- 1 \_\_\_ Shorter?
- 2 \_\_\_ About the same?
- 3 \_\_\_ Taller?
- 9 \_\_\_ NA

**SECTION F: LIFESTYLE FACTORS AND EXPOSURES**

*In the next part, I would like to ask you some questions about your lifestyle and personal habits.*

**Physical Activity**

*The next several questions ask about physical activity related to playtime, sports or chores when you were younger.*

- F1.** When you were 12 years old (in about 7th grade) compared to other girls your age, would you say you were: [READ OPTIONS]
- 1 \_\_\_ Far less physically active?  
 2 \_\_\_ A bit less physically active?  
 3 \_\_\_ About as physically active?  
 4 \_\_\_ Usually more physically active?  
 5 \_\_\_ Much more physically active?  
 9 \_\_\_ NA

- F2.** When you were 12 years old, did you participate in vigorous sports or serious training as a dancer or gymnast?
- 1 \_\_\_ Yes ----->  
 2 \_\_\_ No  
 9 \_\_\_ NA

How many days per week did you play sports/practice dance or gymnastics?

- 1 \_\_\_ Daily or almost daily (6-7 days a wk)  
 2 \_\_\_ Several times a week (3-5 days a wk)  
 3 \_\_\_ Once or twice a week  
 4 \_\_\_ Less than once a week  
 9 \_\_\_ NA

- F3.** When you were 12 years old, did you perform any vigorous chores around the house or farm? These include heavy housework such as carrying or lifting, and chores around the farm such as feeding animals or picking crops.
- 1 \_\_\_ Yes ----->  
 2 \_\_\_ No  
 9 \_\_\_ NA

On average, how many days per week did you perform one or more of these chores?

- 1 \_\_\_ Daily or almost daily (6-7 days a wk)  
 2 \_\_\_ Several times a week (3-5 days a wk)  
 3 \_\_\_ Once or twice a week  
 4 \_\_\_ Less than once a week  
 9 \_\_\_ NA

- F4.** When you were 12 years old, did you walk to school?
- 1 \_\_\_ Yes ----->  
 2 \_\_\_ No  
 9 \_\_\_ NA

How far did you walk to school (one way)?

- 1 \_\_\_ < 1/2 mile  
 2 \_\_\_  $\geq$  1/2 mile but < 1 mile  
 3 \_\_\_  $\geq$  1 mile but < 2 miles  
 4 \_\_\_  $\geq$  2 miles but < 3 miles  
 5 \_\_\_  $\geq$  3 miles  
 9 \_\_\_ NA

**F5.** When you were 12 years old, did you ride a bicycle to school?

- 1 \_\_\_ Yes ----->
- 2 \_\_\_ No
- 9 \_\_\_ NA

How far did you ride a bicycle (one way)?

- 1 \_\_\_ < 1/2 mile
- 2 \_\_\_ ≥ 1/2 mile but < 1 mile
- 3 \_\_\_ ≥ 1 mile but < 2 miles
- 4 \_\_\_ ≥ 2 miles but < 3 miles
- 5 \_\_\_ ≥ 3 miles
- 9 \_\_\_ NA

*Now I am going to ask you a few questions about your physical activity three months before your diagnosis of breast cancer. I am going to ask about moderate and vigorous physical activity. Moderate activities cause your heart rate and your breathing to go up just a little bit. Vigorous activities cause a large increase in your heart rate and breathing rate.*

**F6.** In the three months prior to your diagnosis of breast cancer, aside from any work you did at a job, did you do moderate physical activities? Examples of moderate physical activity include brisk walking, bicycling, vacuuming, and gardening.

- 1 \_\_\_ Yes ----->
- 2 \_\_\_ No | ---> **SKIP TO F9**
- 9 \_\_\_ NA

What did you do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F7.** How many days per week did you do moderate physical activity for at least 10 minutes at a time?

\_\_\_ Days per week

(enter 9 for NA)

**F8.** On days when you did moderate physical activity for at least 10 minutes at a time, how much total time per day did you spend doing these activities?

\_\_\_ \_\_\_ \_\_\_ Minutes per day

(enter 999 for NA)

**F9.** In the three months prior to your diagnosis of breast cancer, aside from any work you did at a job, did you do vigorous physical activities? Examples of vigorous physical activity include running, aerobics, or heavy yard work.

1 \_\_\_ Yes ----->

2 \_\_\_ No | ---> **SKIP TO F12**

9 \_\_\_ NA

What did you do? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F10.** How many days per week did you do vigorous physical activity for at least 10 minutes at a time?

\_\_\_ Days per week  
 (enter 9 for NA)

**F11.** On days when you did vigorous physical activity for at least 10 minutes at a time, how much total time per day did you spend doing these activities?

\_\_\_ \_\_\_ \_\_\_ Minutes per day  
 (enter 999 for NA)

Now I am going to ask about your physical activity in the past seven days.

- F12.** In the past seven days, aside from any work you did at a job, did you do moderate physical activities? Examples of moderate physical activity include brisk walking, bicycling, vacuuming, and gardening.

1 \_\_\_ Yes ----->

2 \_\_\_ No | ---> **SKIP TO F15**

9 \_\_\_ NA

What did you do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- F13.** In the past seven days, on how many days did you do moderate physical activity for at least 10 minutes at a time?

\_\_\_ Days

(enter 9 for NA)

- F14.** On days when you did moderate physical activity for at least 10 minutes at a time, how much total time per day did you spend doing these activities?

\_\_\_ \_\_\_ \_\_\_ Minutes per day

(enter 999 for NA)

**F15.** In the past seven days, aside from any work you did at a job, did you do vigorous physical activities? Examples of vigorous physical activity include running, aerobics, or heavy yard work.

- 1 \_\_\_ Yes ----->
- 2 \_\_\_ No | ---> **SKIP TO F18**
- 9 \_\_\_ NA |

What did you do? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F16.** In the past seven days, on how many days did you do vigorous physical activity for at least 10 minutes at a time?

\_\_\_ Days  
 (enter 9 for NA)

**F17.** On days when you did vigorous physical activity for at least 10 minutes at a time, how much total time per day did you spend doing these activities?

\_\_\_ \_\_\_ \_\_\_ Minutes per day  
 (enter 999 for NA)

**Alcohol Consumption**

*Now I have some questions about beverages that contain alcohol. Alcoholic beverages include beer, wine and liquor. Liquor includes vodka, gin, spirits and other similar beverages.*

- F18.** Have you had twelve or more drinks of any type of alcoholic beverage in your lifetime?
- 1 \_\_\_ Yes  
 2 \_\_\_ No | -----> **SKIP TO F21**  
 9 \_\_\_ NA
- F19.** Keeping in mind that you may have stopped and started several times, overall how many years [have you /did you] drink alcohol on a daily basis?
- 1 \_\_\_ < 1 year  
 2 \_\_\_ 1 to 5 years  
 3 \_\_\_ 6 to 10 years  
 4 \_\_\_ 11 to 20 years  
 5 \_\_\_ 21 to 30 years  
 6 \_\_\_ More than 31 years  
 9 \_\_\_ NA
- F20.** What type of alcoholic beverage did you usually drink? (check all that apply)
- a \_\_\_\_\_ Beer  
 b \_\_\_\_\_ Wine  
 c \_\_\_\_\_ Liquor  
 d \_\_\_\_\_ NA



**Smoking**

*The next several questions ask about your exposure to tobacco.*

- F21.** Have you smoked at least 100 cigarettes (5 packs) in your lifetime?
- 1 \_\_\_ Yes  
2 \_\_\_ No | ----> **SKIP TO F27**  
9 \_\_\_ NA
- F22.** How old were you when you first began smoking on a regular basis?
- \_\_\_ \_\_\_ Years
- F23.** Do you smoke now?
- 1 \_\_\_ Yes -----> **SKIP TO F25**  
2 \_\_\_ No  
9 \_\_\_ NA
- F24.** How old were you when you completely stopped smoking?
- \_\_\_ \_\_\_ Years
- F25.** Keeping in mind that you may have stopped and started several times, overall how many years [have you /did you] smoke[d] regularly?
- 1 \_\_\_ < 1 year  
2 \_\_\_ 1 to 5 years  
3 \_\_\_ 6 to 10 years  
4 \_\_\_ 11 to 20 years  
5 \_\_\_ 21 to 30 years  
6 \_\_\_ More than 31 years  
9 \_\_\_ NA
- F26.** On average, how many cigarettes [do you /did you] smoke per day?
- 1 \_\_\_ More than 2 packs  
2 \_\_\_ >1½ to 2 packs  
3 \_\_\_ >1 to 1½ pack  
4 \_\_\_ ½ to 1 pack  
5 \_\_\_ Less than ½ pack  
6 \_\_\_ Once in a while, not every day  
9 \_\_\_ NA

**F27.** Have you used chewing tobacco or snuff?

1 \_\_\_ Yes

2 \_\_\_ No

9 \_\_\_ NA

----> **SKIP TO F29**

**F28.** For how many years did you use chewing tobacco or snuff?

1 \_\_\_ Less than one year

2 \_\_\_ 1 to 5 years

3 \_\_\_ 6 to 10 years

4 \_\_\_ 11 to 20 years

5 \_\_\_ More than 20 years

9 \_\_\_ NA

**F29.** Before you were 18, did you live with someone who smoked?

1 \_\_\_ Yes----->

2 \_\_\_ No

9 \_\_\_ NA

For how many years? ____ _ Years
-------------------------------------

**F30.** Since you were 18, have you lived with someone who smoked?

1 \_\_\_ Yes----->

2 \_\_\_ No

9 \_\_\_ NA

For how many years? ____ _ Years
-------------------------------------

**SECTION G: OCCUPATIONAL HISTORY**

Now, I would like to ask you about jobs you may have had.

- G1.** Have you ever had a job for 6 months or more? This includes full-time or part-time, paid or unpaid work, as well as self-employment.

1 \_\_\_ Yes

2 \_\_\_ No

9 \_\_\_ NA

---> **SKIP TO G15**

In the next questions, I would like some information about your usual type of work. This can be the work you did the longest or that you spent the most time doing.

- G2.** What was the job title for your usual type of work?

Job title : \_\_\_\_\_

- G3.** What were your usual activities or duties as a [JOB TITLE]? \_\_\_\_\_

\_\_\_\_\_

- G4.** For what kinds of business or industry did you work?

1 <sup>st</sup> Type of business or industry	2 <sup>nd</sup> Type of business or industry	3 <sup>rd</sup> Type of business or industry

- G5.** At what age did you start working as a [JOB TITLE] at [BUSINESS or INDUSTRY]? (If more than one business or industry, repeat question for each one.)

1 <sup>st</sup> Type of business or industry	2 <sup>nd</sup> Type of business or industry	3 <sup>rd</sup> Type of business or industry
___ ___ age	___ ___ age	___ ___ age

- G6.** How many years did you work as a [JOB TITLE] at [BUSINESS or INDUSTRY]? (If more than one business or industry, repeat question for each one.)

1 <sup>st</sup> Type of business or industry	2 <sup>nd</sup> Type of business or industry	3 <sup>rd</sup> Type of business or industry
___ ___ years	___ ___ years	___ ___ years

**G7.** On average, how many hours per week did you usually work when you were a [JOB TITLE]?

\_\_\_ \_\_\_ \_\_\_ Hours

**G8.** Have you been working since your diagnosis of breast cancer?  
This includes full-time or part-time, paid or unpaid work, as well as self-employment.

1 \_\_\_ Yes

2 \_\_\_ No

9 \_\_\_ NA

----> **SKIP TO G12**

**G9.** How many days of work have you missed due to your diagnosis of breast cancer?

\_\_\_ \_\_\_ \_\_\_ days  
(enter 999 for NA)

**G10.** Since your diagnosis of breast cancer, which of the following best describes what you do most (at least half the time) at work?  
(check all that apply)

a \_\_\_ Sitting

b \_\_\_ Standing

c \_\_\_ Walking

d \_\_\_ Heavy labor or other  
physically demanding  
work

e \_\_\_ Other, specify:

\_\_\_\_\_

f \_\_\_ NA

**G11.** Prior to your diagnosis of breast cancer, when you were at work, which of the following best describes what you did most (at least half the time)? (check all that apply)

a \_\_\_ Sitting

b \_\_\_ Standing

c \_\_\_ Walking

d \_\_\_ Heavy labor or other  
physically demanding  
work

e \_\_\_ Other, specify:

\_\_\_\_\_

f \_\_\_ NA

**G12.** Did you lose your job due to your diagnosis of breast cancer?

1 \_\_\_ Yes

2 \_\_\_ No

9 \_\_\_ NA

**G13.** Have you ever had any jobs where you were exposed to ionizing radiation, such as x-ray technician, dental hygienist or inspector at nuclear energy facilities?

1 \_\_\_ Yes----->

2 \_\_\_ No

9 \_\_\_ NA

<p>How old were you when you first worked in this kind of job?          ___ ___ Years</p> <p>For how many years total did you work at these jobs?          ___ ___ Years</p> <p>Did you ever wear a film badge to monitor your exposure to radiation?          1 ___ Yes          2 ___ No          9 ___ NA</p>
--

**G14.** Have you ever had any jobs where you worked night shifts? (Shifts that include working between midnight and 4 a.m.)

1 \_\_\_ Yes----->

2 \_\_\_ No

9 \_\_\_ NA

<p>How old were you when you first worked night shifts?          ___ ___ Years</p> <p>For how many years total did you work night shifts?          ___ ___ Years</p> <p>(Less than six months, enter 00 years.          6 months or greater, round to the nearest year.          Note total months in the box.)</p>
---

- G15.** During your entire life, have you ever lived on a farm? A farm is a place where animals or crops are raised. (This includes summer vacations.)

- 1 \_\_\_ Yes ----->  
 2 \_\_\_ No  
 9 \_\_\_ NA

How old were you when you first lived on a farm?

\_\_\_ \_\_\_ Years

(If born on a farm, mark 00 years).

For how many years total did you live on any farm?

\_\_\_ \_\_\_ Years

(Less than six months, enter 00 years.

6 months or greater, round to the nearest year.

Note total months in the box.)

- G16.** Have you ever worked on any farms (add, if applicable: "other than ones you lived on")? (This includes summer employment.)

- 1 \_\_\_ Yes ----->  
 2 \_\_\_ No  
 9 \_\_\_ NA

How old were you when you first worked on such a farm?

\_\_\_ \_\_\_ Years

For how many years total did you work on any farms you didn't live on?

\_\_\_ \_\_\_ Years

Now I am going to ask you a few more questions about sleep habits and nighttime activities. I am asking about the time period before your diagnosis of breast cancer.

- G17.** In the year prior to your diagnosis of breast cancer, how often did you get up in the middle of the night to use the bathroom, get a drink of water or for some other reason?
- 1 \_\_\_ Never or rarely → **SKIP TO G19**  
 2 \_\_\_ 1 to 2 times per week  
 3 \_\_\_ 3 to 6 times per week  
 4 \_\_\_ Once a night or more  
 9 \_\_\_ NA
- G18.** When you got up during the night, how often did you turn on the light?
- 1 \_\_\_ Never or rarely  
 2 \_\_\_ Some of the time  
 3 \_\_\_ Always  
 9 \_\_\_ NA
- G19.** In the year prior to your diagnosis of breast cancer, what time did you usually go to bed?
- 1 \_\_\_ Before 10 PM  
 2 \_\_\_ Between 10 PM and midnight  
 3 \_\_\_ At midnight or after midnight  
 9 \_\_\_ NA
- G20.** In the year prior to your diagnosis of breast cancer, how many hours of sleep did you usually get per night?
- \_\_\_ \_\_\_ . \_\_\_ hours

**SECTION H: DEMOGRAPHIC FACTORS**

*The next few questions will give us a little more background information about you.*

- H1.** What is your present marital status? [READ OPTIONS]
- 1 \_\_\_ Never married or lived as married
  - 2 \_\_\_ Married, or living as married
  - 3 \_\_\_ Widowed
  - 4 \_\_\_ Separated, divorced,  
or no longer living as married
  - 9 \_\_\_ NA
- H2.** What race would you describe yourself as?  
[SHOW CARD - READ OPTIONS]
- 1 \_\_\_ White
  - 2 \_\_\_ Black/African American
  - 3 \_\_\_ American Indian, Eskimo
  - 4 \_\_\_ Asian or Pacific Islander
  - 5 \_\_\_ Other  
Specify: \_\_\_\_\_
  - 9 \_\_\_ NA
- H3.** Are you Hispanic?
- 1 \_\_\_ Yes
  - 2 \_\_\_ No
  - 9 \_\_\_ NA



- H4.** What is the highest level of school that you completed?  
[SHOW CARD]
- 1 \_\_\_ 0-8 years
  - 2 \_\_\_ 9-12 years, but not a high school graduate
  - 3 \_\_\_ High school graduate (or GED)
  - 4 \_\_\_ Technical or business school
  - 5 \_\_\_ Some college
  - 6 \_\_\_ College graduate
  - 7 \_\_\_ Post-graduate or professional degree
  - 9 \_\_\_ NA
- H5.** What is the highest level of school completed by your husband/partner?  
[SHOW CARD]
- (Probe: if divorced/separated, report information for ex-husband)
- 0 \_\_\_ Never had partner or husband
  - 1 \_\_\_ 0-8 years
  - 2 \_\_\_ 9-12 years, but not a high school graduate
  - 3 \_\_\_ High school graduate (or GED)
  - 4 \_\_\_ Technical or business school
  - 5 \_\_\_ Some college
  - 6 \_\_\_ College graduate
  - 7 \_\_\_ Post-graduate or professional degree
  - 9 \_\_\_ NA
- H6.** What is the highest level of school completed by the head of your family household when you were young, about 10 - 14 years old?  
[SHOW CARD]
- 0 \_\_\_ Did not have head of family household
  - 1 \_\_\_ 0-8 years
  - 2 \_\_\_ 9-12 years, but not a high school graduate
  - 3 \_\_\_ High school graduate (or GED)
  - 4 \_\_\_ Technical or business school
  - 5 \_\_\_ Some college
  - 6 \_\_\_ College graduate
  - 7 \_\_\_ Post-graduate or professional degree
  - 9 \_\_\_ NA

The following questions refer to various jobs that members of your family may have had. [SHOW CARD]

- H7.** Which of the following categories best describes the usual type of paid work you have done?
- 1 \_\_\_ Farmer, farm worker
  - 2 \_\_\_ Service worker or laborer
  - 3 \_\_\_ Craftsworker, factory worker, mechanic
  - 4 \_\_\_ Clerical worker, salesperson or technician
  - 5 \_\_\_ Professional, administrator, executive
  - 6 \_\_\_ Other (specify)\_\_\_\_\_
  - 7 \_\_\_ Never worked
  - 9 \_\_\_ NA
- H8.** Which of the following categories best describes the usual type of paid work your husband or partner has done?
- (Probe: if divorced/separated, report information for ex-husband)
- 0 \_\_\_ Never had partner or husband
  - 1 \_\_\_ Farmer, farm worker
  - 2 \_\_\_ Service worker or laborer
  - 3 \_\_\_ Craftsworker, factory worker, mechanic
  - 4 \_\_\_ Clerical worker, salesperson or technician
  - 5 \_\_\_ Professional, administrator, executive
  - 6 \_\_\_ Other (specify)\_\_\_\_\_
  - 7 \_\_\_ Never worked
  - 9 \_\_\_ NA
- H9.** Which of the following categories best describes the usual type of paid work carried out by the head of your family household when you were young, about 10 - 14 years old?
- 0 \_\_\_ Did not have head of family household
  - 1 \_\_\_ Farmer, farm worker
  - 2 \_\_\_ Service worker or laborer
  - 3 \_\_\_ Craftsworker, factory worker, mechanic
  - 4 \_\_\_ Clerical worker, salesperson or technician
  - 5 \_\_\_ Professional, administrator, executive
  - 6 \_\_\_ Other (specify)\_\_\_\_\_
  - 7 \_\_\_ Never worked
  - 9 \_\_\_ NA

The next two questions refer to the types of communities shown on this card. [SHOW CARD]

**H10.** What kind of community did you live in the longest before you were 18 years old?

- 1 \_\_\_ Large city  
(population >100,000)
- 2 \_\_\_ Suburb of large city
- 3 \_\_\_ Town or city  
(pop. 50,000-100,000)
- 4 \_\_\_ Town or city  
(pop. 10,000-50,000)
- 5 \_\_\_ Town (pop. <10,000)
- 6 \_\_\_ Rural, non-farm (in the  
country, but not on a farm)
- 7 \_\_\_ On a farm
- 9 \_\_\_ NA

**H11.** What kind of community did you live in the longest since age 25?

- 0 \_\_\_ Not that old yet
- 1 \_\_\_ Large city (population  
>100,000)
- 2 \_\_\_ Suburb of large city
- 3 \_\_\_ Town or city  
(pop. 50,000-100,000)
- 4 \_\_\_ Town or city  
(pop. 10,000-50,000)
- 5 \_\_\_ Town (pop. <10,000)
- 6 \_\_\_ Rural, non-farm (in the  
country, but not on a farm)
- 7 \_\_\_ On a farm
- 9 \_\_\_ NA

**H12.** Last year, what was your total family income range, before taxes?  
[SHOW CARD]

- 0 \_\_\_ Less than \$5,000
- 1 \_\_\_ \$5,000 to \$10,000
- 2 \_\_\_ \$10,000 to \$15,000
- 3 \_\_\_ \$15,000 to \$20,000
- 4 \_\_\_ \$20,000 to \$30,000
- 5 \_\_\_ \$30,000 to \$50,000
- 6 \_\_\_ \$50,000 to \$100,000
- 7 \_\_\_ More than \$100,000
- 8 \_\_\_ Don't know
- 9 \_\_\_ Refused

**H13.** How many people are supported by this income?  
(This includes anyone they are supporting, not just for tax purposes.)

\_\_\_ \_\_\_ People

## Section I: Access to Medical Care

Now, I would like to ask you a few questions about your access to medical care.

**I1.** During the past ten years, prior to your diagnosis of breast cancer, which of the following types of health insurance did you have? (check all that apply).

- a  None
- b  Private health insurance purchased on your own or by your husband or partner
- c  Private health insurance from your employer or workplace or that of your husband or partner
- d  Medicaid
- e  Medicare
- f  Any other insurance that covered part of your medical bills
- g  NA

**I2.** Do you currently have health insurance coverage?

- 1  Yes
- 2  No | ----> **SKIP TO I4**
- 9  NA

**I3.** What type of health insurance do you have now? (check all that apply).

- a  Private health insurance purchased on your own or by your husband or partner
- b  Private health insurance from your employer or workplace or that of your husband or partner
- c  Medicaid
- d  Medicare
- e  Any other insurance that covered part of your medical bills
- f  NA

14. During the past ten years, was there a time when you did not have any health insurance?

1 \_\_\_ Yes

2 \_\_\_ No

9 \_\_\_ NA

----> **SKIP TO 16**

15. Combining all of the times that you were without coverage, what was the total amount of time that you did not have health insurance?

\_\_\_ \_\_\_ Years

\_\_\_ \_\_\_ Months

*Now I am going to ask you some questions about your medical care during the past ten years, before your diagnosis of breast cancer.*

16. During the past ten years, who did you usually see when you were sick or needed advice about your health? (check all that apply).

a \_\_\_\_\_ General practitioner / family doctor / regular doctor

b \_\_\_\_\_ Specialist such as heart, lung, or kidney doctor

c \_\_\_\_\_ Emergency room or urgent care doctor

d \_\_\_\_\_ Local health department doctor or health advisor

e \_\_\_\_\_ Other (specify): \_\_\_\_\_

f \_\_\_\_\_ NA

17. Was there ever a time in the past ten years that you wanted to see a doctor, but could not because of financial issues?

1 \_\_\_ Yes

2 \_\_\_ No

9 \_\_\_ NA

18. During the past ten years, was there a time you wanted to see a doctor, but could not because of transportation issues?

1 \_\_\_ Yes

2 \_\_\_ No

9 \_\_\_ NA

19. During the past ten years, how often did you have an eye exam to check on your vision?

0 \_\_\_ Never

1 \_\_\_ Less than once a year

2 \_\_\_ Once a year or more

9 \_\_\_ NA

**I10.** How often did you see a dentist or dental hygienist to check your teeth?  
 0 \_\_\_ Never  
 1 \_\_\_ Less than once a year  
 2 \_\_\_ Once a year or more  
 9 \_\_\_ NA

**I11.** During the past ten years, did you have a colonoscopy or sigmoidoscopy, that is, an examination with a lighted tube to check for signs of cancer in your rectum or colon?  
 1 \_\_\_ Yes  
 2 \_\_\_ No  
 9 \_\_\_ NA

**I12.** Did you have a PAP test, PAP smear, or pelvic exam?  
 1 \_\_\_ Yes  
 2 \_\_\_ No  
 9 \_\_\_ NA

**I13.** Did you have your blood pressure checked?  
 1 \_\_\_ Yes  
 2 \_\_\_ No  
 9 \_\_\_ NA

**I14.** Did you have a test for diabetes or high blood sugar?  
 1 \_\_\_ Yes  
 2 \_\_\_ No  
 9 \_\_\_ NA

**I15.** Has your doctor ever discussed clinical trials for the treatment of breast cancer with you?  
 1 \_\_\_ Yes  
 2 \_\_\_ No  
 9 \_\_\_ NA

**I16.** Are you currently enrolled in a clinical trial or research study for the treatment of breast cancer?  
 1 \_\_\_ Yes  
 2 \_\_\_ No | --> **Skip to Section J**  
 9 \_\_\_ NA

**I17.** Where is the location of the clinical trial or research study you are taking part in? (Hospital name and location)

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**SECTION J: QUALITY OF LIFE**

*Now I am going to ask you some questions about your upper body function and your quality of life since your diagnosis of breast cancer.*

*First, I am going to ask you about a specific upper body concern known as lymphedema. Lymphedema is swelling of the arm, breast or trunk and can sometimes occur following treatment for breast cancer.*

**J1.** Since diagnosis of your breast cancer, have you been diagnosed with lymphedema?  
(Mark an "X" in front of all that apply)

- a  right arm
- b  left arm
- c  right trunk
- d  left trunk
- e  right breast
- f  left breast
- g  No (none of the above) --> **SKIP TO J6**

**J2.** When were you first diagnosed with lymphedema?  /  /   
Month Year

**J3.** Who diagnosed your lymphedema? (Mark an "X" in front of all that apply)

- a  Medical doctor
- b  Nurse
- c  Physical therapist
- d  Other (specify): \_\_\_\_\_
- e  NA

**J4.** How would you characterize this lymphedema? (Select the closest option)

- 1  Single episode (had it but now resolved)
- 2  Recurrent (it comes and goes)
- 3  Persistent (almost always there)
- 9  NA

**J5.** Do you currently (that is, right now) have lymphedema?

- 1 \_\_\_\_ Yes  
 2 \_\_\_\_ No  
 9 \_\_\_\_ NA

**J6.** What hand do you normally write with?

- 1 \_\_\_\_ Left  
 2 \_\_\_\_ Right  
 3 \_\_\_\_ Both  
 9 \_\_\_\_ NA

**J7.** Since your diagnosis, have you talked with any of the following people about your breast cancer?  
 (Mark an "X" in front of all that apply)

- a \_\_\_\_ Husband or partner  
 b \_\_\_\_ Children  
 c \_\_\_\_ Other relatives  
 d \_\_\_\_ Friends  
 e \_\_\_\_ Members of your church or other religious organization  
 f \_\_\_\_ Neighbors  
 g \_\_\_\_ Coworkers  
 h \_\_\_\_ Other (specify): \_\_\_\_\_  
 i \_\_\_\_ NA

*The next section includes more questions about your physical well-being and your quality of life since your diagnosis of breast cancer. Some of the questions are of a personal nature. Many women prefer to fill this section out by themselves. You can fill it out yourself, or I can read the questions to you.*

*Again, to remind you, all of your answers are kept confidential and are combined with others so no one will be able to tell what your particular answers were. Even so, you don't have to answer any questions that you don't want to.*

(Show the study participant the survey questions, let her look them over, and then ask whether she would like to have you read the questions to her and have you fill in her answers or if she would prefer to complete the survey by herself.)



*The next section includes more questions about your physical well-being and your quality of life since your diagnosis of breast cancer. Some of the questions are of a personal nature. Many women prefer to fill this section out by themselves. You can fill it out yourself, or I can read the questions to you.*

*Again, to remind you, all of your answers are kept confidential and are combined with others so no one will be able to tell what your particular answers were. Even so, you don't have to answer any questions that you don't want to.*

Below is a list of statements that other people with breast cancer have said are important.

**By circling one (1) number per line, please indicate how true each statement has been for you during the past 7 days.**

<b><u>PHYSICAL WELL-BEING</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Some- what</b>	<b>Quite a bit</b>	<b>Very much</b>
J8	I have a lack of energy .....	0	1	2	3	4
J9	I have nausea .....	0	1	2	3	4
J10	Because of my physical condition, I have trouble meeting the needs of my family .....	0	1	2	3	4
J11	I have pain .....	0	1	2	3	4
J12	I am bothered by side effects of treatment.....	0	1	2	3	4
J13	I feel ill.....	0	1	2	3	4
J14	I am forced to spend time in bed.....	0	1	2	3	4

<b><u>SOCIAL/FAMILY WELL-BEING</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Some- what</b>	<b>Quite a bit</b>	<b>Very much</b>
J15	I feel close to my friends .....	0	1	2	3	4
J16	I get emotional support from my family .....	0	1	2	3	4
J17	I get support from my friends .....	0	1	2	3	4
J18	My family has accepted my illness .....	0	1	2	3	4
J19	I am satisfied with family communication about my illness .....	0	1	2	3	4
J20	I feel close to my partner (or the person who is my main support) .....	0	1	2	3	4
J21	<i>Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please skip to J22.</i>					
	I am satisfied with my sex life.....	0	1	2	3	4

The following questions ask about how you are feeling and how well you are able to function.

**By circling one (1) number per line, please indicate how true each statement has been for you during the past 7 days.**

<b><u>EMOTIONAL WELL-BEING</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Some- what</b>	<b>Quite a bit</b>	<b>Very much</b>
J22	I feel sad .....	0	1	2	3	4
J23	I am satisfied with how I am coping with my illness .....	0	1	2	3	4
J24	I am losing hope in the fight against my illness .....	0	1	2	3	4
J25	I feel nervous .....	0	1	2	3	4
J26	I worry about dying.....	0	1	2	3	4
J27	I worry that my condition will get worse .....	0	1	2	3	4

<b><u>FUNCTIONAL WELL-BEING</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Some- what</b>	<b>Quite a bit</b>	<b>Very much</b>
J28	I am able to work (include work at home) .....	0	1	2	3	4
J29	My work (include work at home) is fulfilling.....	0	1	2	3	4
J30	I am able to enjoy life.....	0	1	2	3	4
J31	I have accepted my illness.....	0	1	2	3	4
J32	I am sleeping well .....	0	1	2	3	4
J33	I am enjoying the things I usually do for fun .....	0	1	2	3	4
J34	I am content with the quality of my life right now.....	0	1	2	3	4

The following questions ask about your physical well-being.

**By circling one (1) number per line, please indicate how true each statement has been for you during the past 7 days.**

<b><u>ADDITIONAL CONCERNS</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Some- what</b>	<b>Quite a bit</b>	<b>Very much</b>
J35	I have been short of breath.....	0	1	2	3	4
J36	I am self-conscious about the way I dress .....	0	1	2	3	4
J37	One or both of my arms are swollen or tender.....	0	1	2	3	4
J38	I feel sexually attractive.....	0	1	2	3	4
J39	I am bothered by hair loss.....	0	1	2	3	4
J40	I worry that other members of my family might someday get the same illness I have .....	0	1	2	3	4
J41	I worry about the effect of stress on my illness .....	0	1	2	3	4
J42	I am bothered by a change in weight .....	0	1	2	3	4
J43	I am able to feel like a woman.....	0	1	2	3	4
J44	I have certain parts of my body where I experience significant pain.....	0	1	2	3	4

The following questions refer to procedures you may have had as part of your breast cancer workup and treatment. These procedures include breast biopsy, breast surgery, lymph node biopsy and lymph node removal.

**J45.** On which side(s) of your body did you have these procedure(s)?

- 1 \_\_\_ Left
- 2 \_\_\_ Right
- 3 \_\_\_ Both

<b><u>On the side (or sides) where you had your procedure(s):</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Some-what</b>	<b>Quite a bit</b>	<b>Very much</b>
J46	Movement of my arm on this side is painful .....	0	1	2	3	4
J47	I have poor range of arm movements on this side .....	0	1	2	3	4
J48	My arm on this side feels numb .....	0	1	2	3	4
J49	I have stiffness of my arm on this side .....	0	1	2	3	4
J50	My arm on this side feels heavy .....	0	1	2	3	4
J51	My arm on this side aches .....	0	1	2	3	4
J52	I have tightness of my arm on this side .....	0	1	2	3	4

The following questions ask about your symptoms and your ability to perform specific tasks.

Please answer every question, based on your condition during the past week, by circling the appropriate number. If you did not have the opportunity to perform an activity in the past week, please make your best estimate on which response would be the most accurate. It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.

		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
<b>J53</b>	Open a tight or new jar	1	2	3	4	5
<b>J54</b>	Write	1	2	3	4	5
<b>J55</b>	Turn a key	1	2	3	4	5
<b>J56</b>	Prepare a meal	1	2	3	4	5
<b>J57</b>	Push open a heavy door	1	2	3	4	5
<b>J58</b>	Place an object on a shelf above your head	1	2	3	4	5
<b>J59</b>	Do heavy household chores (e.g., wash walls, wash floors)	1	2	3	4	5
<b>J60</b>	Garden or do yard work	1	2	3	4	5
<b>J61</b>	Make a bed	1	2	3	4	5
<b>J62</b>	Carry a shopping bag or briefcase	1	2	3	4	5
<b>J63</b>	Carry a heavy object (over 10 lbs)	1	2	3	4	5
<b>J64</b>	Change a light bulb overhead	1	2	3	4	5
<b>J65</b>	Wash or blow-dry your hair	1	2	3	4	5

		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
<b>J66</b>	Wash your back	1	2	3	4	5
<b>J67</b>	Put on a pullover sweater	1	2	3	4	5
<b>J68</b>	Use a knife to cut food	1	2	3	4	5
<b>J69</b>	Recreational activities which require little effort (e.g., card playing, knitting, etc.)	1	2	3	4	5
<b>J70</b>	Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.)	1	2	3	4	5
<b>J71</b>	Recreational activities in which you move your arm freely (e.g., playing frisbee, badminton, etc.)	1	2	3	4	5
<b>J72</b>	Manage transportation needs (getting from one place to another)	1	2	3	4	5
<b>J73</b>	Sexual activities	1	2	3	4	5

Now we want to know more about any arm, shoulder or hand problems that you may have.

Please **circle the number** below the best response to the following questions.

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
<b>J74</b> During the past week, to what extent have arm, shoulder or hand problems interfered with your normal social activities with family, friends, neighbors or groups?	1	2	3	4	5

	NOT AT ALL LIMITED	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
<b>J75</b> During the past week, were you limited in your work or other regular daily activities as a result of arm, shoulder or hand problems?	1	2	3	4	5

Please rate the severity of the following symptoms **in the last week** by **circling the number** below the best response.

	NONE	MILD	MODERATE	SEVERE	EXTREME
<b>J76</b> Arm, shoulder or hand pain	1	2	3	4	5
<b>J77</b> Arm, shoulder or hand pain when you performed any specific activity	1	2	3	4	5
<b>J78</b> Tingling (pins and needles) in your arm, shoulder or hand	1	2	3	4	5
<b>J79</b> Weakness in your arm, shoulder or hand	1	2	3	4	5
<b>J80</b> Stiffness in your arm, shoulder or hand	1	2	3	4	5



Please **circle the number** below the best response to the following question.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
<b>J81</b> During the past week, how much difficulty have you had sleeping because of pain in your arm, shoulder or hand?	1	2	3	4	5

Please **circle the number** below the best response.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
<b>J82</b> I feel less capable, less confident or less useful because of arm, shoulder or hand problems.	1	2	3	4	5

The following questions ask about the impact of your arm, shoulder or hand problems on your ability to work. If you are not working outside of the home, then please tell us about any difficulties that you have with housework or other tasks around your home.

Please circle the number that best describes your physical ability **in the past 7 days**.

Did you have any difficulty:		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
<b>J83</b>	Using your usual technique for your work?	1	2	3	4	5
<b>J84</b>	Doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
<b>J85</b>	Doing your work as well as you would like?	1	2	3	4	5
<b>J86</b>	Spending your usual amount of time doing your work?	1	2	3	4	5

The last section includes a list of statements that other people with your illness have said are important.

**By circling one (1) number per line, please indicate how true each statement has been for you during the past 7 days.**

		Not at all	A little bit	Some what	Quite a bit	Very much
J87	I feel peaceful.....	0	1	2	3	4
J88	I have a reason for living .....	0	1	2	3	4
J89	My life has been productive.....	0	1	2	3	4
J90	I have trouble feeling peace of mind.....	0	1	2	3	4
J91	I feel a sense of purpose in my life.....	0	1	2	3	4
J92	I am able to reach down deep into myself for comfort .....	0	1	2	3	4
J93	I feel a sense of harmony within myself.....	0	1	2	3	4
J94	My life lacks meaning and purpose .....	0	1	2	3	4
J95	I find comfort in my faith or spiritual beliefs.....	0	1	2	3	4
J96	I find strength in my faith or spiritual beliefs.....	0	1	2	3	4
J97	My illness has strengthened my faith or spiritual beliefs.....	0	1	2	3	4
J98	I know that whatever happens with my illness, things will be okay .....	0	1	2	3	4

This completes the self-administered section of the interview.

**SECTION K: CLOSING COMMENTS**

*Thank you for answering these questions.*

**K1.** Before we end the interview part of the visit, do you have any comments about the interview or is there anything you would like to add that was not covered by the interview?

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**SECTION L: Anthropometric Measurements**

**L1. HEIGHT:** \_\_\_ feet \_\_\_ . \_\_\_ inches (to nearest half inch)

**L2. WEIGHT:** \_\_\_ \_\_\_ . \_\_\_ pounds (to nearest half pound)

**L3. CIRCUMFERENCES:** (to nearest half inch)

Take third measurement if first two differ by more than 1 inch.

Waist: \_\_\_ . \_\_\_ . \_\_\_

Hip: \_\_\_ . \_\_\_ . \_\_\_

**L4. Were any modifications to the standard procedures made?**

1 \_\_\_ Yes

2 \_\_\_ No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

**Again, thank you very much for your help with this interview.**

**SECTION M: INTERVIEWER REMARKS****M1.** Where was the interview conducted?

1 \_\_\_ Woman's home

2 \_\_\_ Other:

(Specify)\_\_\_\_\_

**M2.** Were other people present in the room during the interview?

1 \_\_\_ Yes, the whole time

2 \_\_\_ Yes, for part(s) of the interview

3 \_\_\_ No

**M3.** Respondent's cooperation was:

1 \_\_\_ Very good

2 \_\_\_ Good

3 \_\_\_ Fair

4 \_\_\_ Poor

5 \_\_\_ Other:

(Specify)\_\_\_\_\_

**M4.** The quality of the responses was:

1 \_\_\_ High quality

2 \_\_\_ Generally reliable

3 \_\_\_ Questionable

4 \_\_\_ Unsatisfactory

5 \_\_\_ Other:

(Specify)\_\_\_\_\_

**M5.** The respondent:

(Include up to three responses)

1 \_\_\_ Recalled all or most information

2 \_\_\_ Had trouble with amounts or  
frequencies

3 \_\_\_ Had trouble with dates

4 \_\_\_ Had trouble recalling overall

5 \_\_\_ Other:

(Specify)\_\_\_\_\_

**M6.** If respondent had difficulty answering any items on the questionnaire, check reason(s) for unsatisfactory or questionable information.

(Check up to three reasons.)

01 \_\_\_ Did not want to be more specific

02 \_\_\_ Did not understand or speak English well

03 \_\_\_ Was bored or uninterested

04 \_\_\_ Was upset, depressed or angry

05 \_\_\_ Had poor hearing or speech

06 \_\_\_ Was confused or distracted by frequent interruptions

07 \_\_\_ Was inhibited by others around her

08 \_\_\_ Was embarrassed by the subject matter

09 \_\_\_ Was emotionally unstable

10 \_\_\_ Was physically ill

11 \_\_\_ Low literacy or trouble reading

12 \_\_\_ Had trouble with recall

13 \_\_\_ Other (Specify): \_\_\_\_\_

**M7.** Section J (Quality of Life) was completed by:

1 \_\_\_ Participant alone, self-administered

2 \_\_\_ Participant with assistance of nurse interviewer reading the questions

3 \_\_\_ Other (specify): \_\_\_\_\_